



Pickens County

Fire Rescue

Application for the Position of:

VOLUNTEER SERVICE

PICKENS COUNTY FIRE & RESCUE
 422 Upper Salem Church Rd, Jasper, GA 30143
 (706) 253-8951

APPLICATION FOR VOLUNTEER SERVICE

STATION: _____

DATE: _____

Please Print Use Ink

PERSONAL INFORMATION

Name			S.S No.		
(Last)	(First)	(Middle Initial)			
List Any Alias Names Used i.e. maiden names, nicknames, and etc. _____					
Present Address:					
(Street)		(City)	(State)	(Zip Code)	
Have you reached your 18th birthday?		Yes	No		
Home Telephone		Business Telephone		Mobile Telephone	
E-Mail Address					
Person to contact in case of emergency				Telephone	
Are you willing to work shift work (nights, holidays, weekends, etc.)? Yes ☐ No ☐					
Date available					

EDUCATION

Are you a high school graduate?		Yes	No	If yes, please list below.					
If no, circle highest grade completed		5	6	7	8	9	10	11	12
If not a high school graduate, do you have a GED?		Yes	No						
School	Name and Location	Major Course of study	Completed	Type of Degree					
High School			9 10 11 12						
Business/ Technical School			1 2 3 4						
College			1 2 3 4						
Graduate School			1 2 3 4						

DRIVING HISTORY

Do you have a valid Driver's License? Yes No	Which State?	Driver's License Number	Date of Expiration
Have you ever been licensed to drive in another state? Yes No If yes, indicate which state (s).			
Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes No If yes give date(s) and type of charges.			
Please indicate the class driver's license you have. A B C D E F M			
Have you been charged or convicted of a DUI in the past five years? Yes No			
Have you had more than three moving violations in the past two years? Yes No			
I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to which this authorization may be presented, to release an abstract of my driving record for use in processing my employment application. Signature _____ Date _____			

SKILLS AND TRAINING

Are you a certified NPQ Firefighter I or II? Yes No
If yes, submit proof with application.

Are you a certified fire fighter in accordance with the standards established by the Georgia Firefighter Standards & Training Council? Yes No
If yes, submit proof with application.

Are you a certified Georgia or National Registry EMT or Paramedic? Yes No
If yes, submit proof with application.

List any other skills/training you have, that would be beneficial to this agency.

Are you able to perform all the duties listed in the job description? Yes No

If you answered no to the above, please explain what can be done to provide you with reasonable accommodations.

Have you ever been a member of a fire department, rescue squad, or similar organization? Yes No

Name and address of Organization: _____

Date of Service: _____

Position Held: _____ Reason for Leaving: _____

List all related training you completed: _____

DESIRES AND LIMITATIONS

In a brief paragraph, state why you wish to be a member of this department, what the department can gain from your participation, and what you expect to gain from the department.

Do you have any factors that could restrict your participation in firefighting, rescue activities, training, and station manning being away at night and/or being on call day and night?

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Pickens County.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information employers may have pertinent to this application and the employment procedures of the Pickens County. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes; letters of reference, etc., submitted with the application become property of the Pickens County and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Signature

Date

FOR DEPARTMENT USE ONLY

Date application received: _____ **Number:** _____

Date reviewed: _____

Reviewed by: _____

Comments: _____

PICKENS COUNTY
FIRE & RESCUE
422 Upper Salem Church Road,
Jasper, GA 30143

EMERGENCY CONTACT INFORMATION SHEET

Date _____

Employee

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

1st Contact

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Relationship to Employee: _____

2nd Contact

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Relationship to Employee: _____

NOTICE OF WORKERS' COMPENSATION PROCEDURES

I understand if I am involved in an on-the-job injury Pickens County will pay medical costs for treatment by the physician(s) I select from the Panel of Physicians posted in my workplace. If I desire to obtain medical services from a physician not listed on the panel, I may do so; however, I will be liable for the costs incurred for that treatment. If the physician selected from the Panel arranges for other consultations, referrals, or other specialized medical services as a nature of the injury, those charges will be covered under Workers' Compensation. If I am dissatisfied with the physician selected, I may make one change to another Panel physician without permission. Upon notification of the county, an Independent Medical Examination may be elected as set forth by the law. However, any further changes require the permission of the county/insurer, self-insurer claims office, or the State Board of Workers' Compensation.

In the case of a bona-fide emergency involving severe injury or when a Panel Physician not is available, I should seek medical care from the nearest Hospital Emergency Department. However, any and all follow-up care must be rendered by a physician from the Panel, or a Panel Physician's referral.

I further understand that I must notify my supervisor or a member of my department's administrative staff or the Human Resources Department as soon as the injury occurs, regardless of the extent of injury, when possible, prior to seeking medical treatment. The treating physician or facility will verify my eligibility for treatment with the County before commencing treatment unless the nature of the injury so prohibits. Delay in notification may result in denial of payment for medical services rendered.

My signature below is to certify that I have read and understand the above Notice of Workers' Compensation .

Print Name

Signature

Date

Witness Signature

Date

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PICKENS COUNTY FIRE & RESCUE CONSENT WAIVER FORM

The applicant must complete the information within this block. Please print legibly in order to facilitate completion. I hereby authorize Pickens County Fire & Rescue through the Pickens County Sheriff's Office to receive any Criminal and/or Driver's History Record Information pertaining to me, which may be in the files of any State or local jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. I hereby release you, your organization, and/or others from liability, which may result from furnishing the information. I acknowledge that I have received a copy of NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS and the PRIVACY ACT STATEMENT (Title 28 U.S.C. 534).

Name: _____
(Last) (First) (Middle) (Maiden or a.k.a.)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Telephone: Cell: _____ Home: _____ Work: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Expiration: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____
(Official Seal and Stamp)

For Agency use only

Requested by: _____ Position Title: _____ Date: _____

Received by: _____ Date: _____

Date to GCIC Officer: _____ Date returned: _____ Returned to: _____

Check History to be run: _____ Driver _____ Criminal

Driver's History _____ D.H. Complies with County Policies: Yes _____ No _____

SID/FBI No. or No History _____ C.H. Complies with County Policies: Yes _____ No _____

Investigation Division Signature _____ Date: _____



Pickens Sheriff's Office

2985 Camp Road

Jasper, GA 30143

706-253-8900

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Pickens Sheriff's Office to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 180 days from date of signature

Signature

Date

Do NOT Write Below This Line

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

☐	E - Employment
☐	J - Civilian Criminal Justice Employment (State & III Info Received)
☐	M - Working with Mentally Disabled
☐	P - Public Records
☐	U - Personal Copy
☐	W - Working with Children
☐	Z - Sworn Criminal Justice Employment (State & III Info Received)
☐	N - Working with Elderly

The inquiry resulted in the following: (check all that apply)

☐	NO Criminal History
☐	Criminal Record (Attached/Released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date